



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

ETD983869918

INSTALLATION ADDRESS

U S REPEATING ARMS INC  
275 WINCHESTER AVE  
NEW HAVEN

CT 06511

275 WINCHESTER AVE  
NEW HAVEN

CT 06511

# REQUEST FOR CHANGE

Note: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CTD 983869918

Company Name: U S REPEATING ARMS INC

Date of Request: 8/9/95

Town: NEW HAVEN

TSAV  
9/12/95  
R.C.  
9/15/95

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
I. Name of Installation			
II. Location of Installation			
III. Mailing Address of Installation			
IV.a. Installation Contact's Name	ROBERT HEIDGERD	CHERYL L MANN	PER 94 FEE PAYMENT
b. Installation Contact's Title			
c. Installation Contact's Phone			
V.a. Ownership			
b. Property Owner			
VI. Status  Originally notified as: (please circle) SQG ( <100 kg/month )  SQG (100 - 1000 kg/month)  Generator ( >1000 kg/mth)  Transporter  T/S/D Facility		Change Status to:	





Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

## Comments

[illegible]

C TD 983869918 Installation's EPA ID Number		Approved	Date Received (yr. mo. day)			299
C	T/A C					
F	1		88	04	02	WILSON HAVEN

4 S REPEATING ARMS INC.

## Street or P.O. Box

[illegible]

City or Town													State	ZIP Code	
C 4	N	E	W	H	A	V	E	N						CT	06511

## Street or Route Number

[illegible][illegible]

## Name and Title (last, first, and job title)

Phone Number (area code and number)

2	HEIDGERD	ROBERT					2037895862
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## A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

	G	L	A	L	C	O	C	K						P
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**VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)**

### A. Hazardous Waste Activity

- ☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel  
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

### B. Used Oil Fuel Activities

- ☐ 6. Off-Specification Used Oil Fuel  
(enter "X" and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)  
Who First Claims the Oil Meets the Specification

**VII. Waste Fuel Burning: Type of Combustion Device** (enter "X" in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

- ☐
- A. Utility Boiler
- ☐
- B. Industrial Boiler
- ☐
- C. Industrial Furnace

## VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

- ☐
- A. Air
- ☐
- B. Rail
- ☐
- C. Highway
- ☐
- D. Water
- ☐
- E. Other (specify) \_\_\_\_\_

### IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☒ A. First Notification      ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number



C																		T/A	C
W																			1

**X. Description of Hazardous Wastes (continued from front)**

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 F001	2 F002	3 D008	4 F005	5 D001	6
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable  
(D001)

☐ 2. Corrosive  
(D002)

☐ 3. Reactive  
(D003)

☐ 4. Toxic  
(D000)
**XI. Certification**

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

Signature <i>Robert W. Heidgerd</i>	Name and Official Title (type or print) Robert W. Heidgerd Asst Supt.	Date Signed 4/12/88
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**RECEIVED**  
APR 26 1988

**HAZARDOUS MATERIALS  
MANAGEMENT UNIT**



Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

United States Environmental Protection Agency  
Washington, DC 20460



# Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## For Official Use Only

Comments

C	04D983869918												
C	07D056748361 Dupe												
Installation's EPA ID Number										Approved	Date Received (yr. mo. day)	L96	
C	07D056748361										T/A C	980426	009
F											1	NEW HAVEN	

## I. Name of Installation

U S REPEATING ARMS INC.

## II. Installation Mailing Address

Street or P.O. Box												
C	275 WINCHESTER AVE											
3												
City or Town										State	ZIP Code	
C	NEW HAVEN										CT	06511
4												

## III. Location of Installation

Street or Route Number												
C	SAME											
5												
City or Town										State	ZIP Code	
C												
6												

## IV. Installation Contact

Name and Title (last, first, and job title)										Phone Number (area code and number)										
C	HEIDGERD ROBERT										203 789 5862									
2																				

## V. Ownership

A. Name of Installation's Legal Owner										B. Type of Ownership (enter code)										
C	G L ALCOCK										P									
R																				

## VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity										B. Used Oil Fuel Activities									
<input checked="" type="checkbox"/> 1a. Generator <input type="checkbox"/> 1b. Less than 1,000 kg/ mo. <input type="checkbox"/> 2. Transporter <input type="checkbox"/> 3. Treater/Storer/Disposer <input type="checkbox"/> 4. Underground Injection <input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner										<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner <input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification									

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<input checked="" type="checkbox"/> A. First Notification	<input type="checkbox"/> B. Subsequent Notification (complete item C)	C. Installation's EPA ID Number									



## ID — For Official Use Only

C																		T/A	C
W																			1

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Signature

Robert W. Heidgerd

Name and Official Title (type or print)

Robert W. Heidgerd Ass't Supt.

Date Signed

4/12/88

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MANAGEMENT UNIT